

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90117 035 ***150.00

DOCUMENT # G01543

1. Entity Name
GMC LENDING & MORTGAGE SERVICES CORP



Principal Place of Business
**399 W PALMETTO PARK RD #104
BOCA RATON, FL 33432 US**

Mailing Address
**399 W PALMETTO PARK RD #104
BOCA RATON, FL 33432 US**

14019677



2. Principal Place of Business
350 E LAS OLAS BLVD

3. Mailing Address
350 E LAS OLAS BLVD

Suite, Apt. #, etc.
19th FLOOR

Suite, Apt. #, etc.
19th FLOOR

05032004 Chg-P CR2E034 (10/03)

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
59-2218501

Applied For
Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AVRUS, STEVE
751 NW 7TH DR.
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name
RICHARD BOLLES
Street Address (P.O. Box Number is Not Acceptable)
350 E LAS OLAS BLVD - 19th FLOOR
City
FORT LAUDERDALE FL Zip Code
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD BOLLES**

5-3-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	AVRUS, STEVE	
STREET ADDRESS	751 NW 7TH DR.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AVRUS, MARIETTA	
STREET ADDRESS	751 NW 7TH DR.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINA LAFORTE	
STREET ADDRESS	350 E LAS OLAS BLVD - 19th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BOLLES	
STREET ADDRESS	350 E LAS OLAS BLVD - 19th FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-04

Date

(954) 463-8266

Daytime Phone #